



**Executive Board
of the
United Nations
Development Programme
and of the
United Nations
Population Fund**

Distr.
GENERAL

DP/FPA/STP/3
9 February 1998

ORIGINAL: English

Second regular session 1998
20 - 24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Sao Tome and Principe

Proposed UNFPA assistance: \$2.1 million, \$1.6 million from regular resources and \$500,000 from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1998-2001)

Cycle of assistance: Third

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	<i>Total</i>
Reproductive health	1.2	0.4	1.6
Population & development strategies	0.3	0.1	0.4
Programme coordination and assistance	0.1	-	0.1
<i>Total</i>	1.6	0.5	2.1

SAO TOME AND PRINCIPE

INDICATORS RELATED TO ICPD GOALS*

	Thresholds*
Births attended by health professional (%) ¹	--
Contraceptive prevalence rate (15-44) (%) ²	12.00
Access to basic health services (%) ³	88.0
Infant mortality rate (/1000) ⁴	95.0
Maternal mortality rate (/100,000) ⁵	--
Gross female enrolment rate at primary level (%) ⁶	79.9
Adult female literacy rate(%) ⁷	--
	≥ 60
	≥ 55
	≥ 60
	≤ 50
	≤ 100
	≥ 75
	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database*, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, 1996, *Education for All: Achieving the Goal: Statistical Document*.

Two dashes (--) indicate that data are not available.

N.B. The United Nations' World Population Prospects: the 1996 Revision does not include data on Sao Tome and Principe.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a period of four years, starting in January 1998, to assist the Government of Sao Tome and Principe in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$2.1 million, of which \$1.6 million would be programmed from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of \$500,000 from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third programme of assistance to Sao Tome and Principe.
2. The proposed UNFPA country programme takes into account the lessons learned from UNFPA's past programmes as well as the conclusions of a Programme Review and Strategy Development (PRSD) exercise, which was carried out with the complete participation of the Government. The PRSD exercise was conducted by Saotomean nationals with some assistance from UNFPA Country Support Team advisers and other national and international consultants. The proposed programme supports government priorities and will complement inputs from other donors, including other United Nations agencies.
3. In light of the serious economic problems that face Sao Tome and Principe, the UNFPA programme is designed to contribute to national efforts towards achieving sustainable development while reversing the deterioration of quality of life of the Saotomean population. More specifically, the programme will target unmet needs for reproductive health services, especially for women, and will seek to enhance the social status of women by promoting gender equity and equality.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The Government of Sao Tome and Principe has never adopted an explicit population policy although there has been a gradual change in government attitudes towards population issues since Independence in 1975 -- from an interest in population-related implications for health and education to a recognition of the importance of integrating population variables into national development plans. Within this context, the Government has directed its efforts towards the expansion of basic social and health services, which has had a positive impact on some of the country's health and educational indicators. However, this interest in population concerns has not been translated into systematic action because of the myriad of political and economic problems that have confronted

the Government. A medium-term plan that integrated some population variables was elaborated, but it has never been implemented.

6. In 1990, the country moved to a democratic multi-party political system. However, the serious economic crisis of the last few years has had a devastating impact on social programmes. At present, the Saotomean population has an annual per capita gross domestic product (GDP) of \$250 while the per capita external debt stands at more than \$2,000.

7. Sao Tome and Principe has a moderate population growth rate, high fertility, low mortality rates, a high level of urbanization, extreme youthfulness, and a built-in momentum for future population growth. The high fertility is primarily the result of a low use of family planning methods; a cultural system that values large families, early marriage and child-bearing; and, finally, the low social status of women. In spite of these factors, the fertility rate fell from 6.7 in 1981 to 5.9 in 1996.

8. Until the early 1990s, health indicators in Sao Tome and Principe were among the best in sub-Saharan Africa: the mortality rate was 8.2 per 1,000; the infant mortality rate was 61 per 1,000 live births; and life expectancy was 65 years. Maternal mortality was estimated at 130 per 100,000 live births, but it is believed that it was actually higher than that due to under-recording. Recently, however, all of these indicators have deteriorated. In addition, adolescent reproductive health issues and the spread of sexually transmitted diseases (STDs) are beginning to constitute a source of alarm. No reliable data are available concerning the levels of HIV infection.

9. While the health network providing maternal and child health and family planning (MCH/FP) services offers a reasonable level of accessibility, this is not reflected in the level of use of reproductive health services: institutional deliveries were only 45 per cent, prenatal care coverage was 65 per cent and the contraceptive prevalence rate (CPR) was only 15 per cent in 1996. Many factors contribute to the low use of reproductive health services, such as sociocultural barriers and the absence of a national information, education and communication (IEC) programme and of sensitization activities. In addition, abortion appears to be perceived by women as an alternative to continuing an undesired pregnancy.

10. Saotomean society is permeated by sexual inequality and inequity. Women suffer from both economic and social discrimination and violence. The current economic crisis has had a deleterious effect on women's social and economic status: marriage and union are less and less stable while polygamy is common; 33 per cent of households are headed by women.

Past UNFPA assistance

11. Sao Tome and Principe has been the recipient of progressively increasing support from UNFPA since 1977. The second country programme, approved for the period 1993-1996 for \$1.8 million, was designed to assist the Government in increasing the contraceptive prevalence rate from 7 per cent to 20 per cent, expanding MCH/FP services to rural areas, reducing the number of abortions, strengthening the management capacities of MCH/FP programmes, improving women's health through IEC and MCH/FP activities, analysing population census data, and introducing population and family life education into formal education programmes. A mid-term review in 1995 found that the programme objectives were still relevant, but due to delays in implementation, the programme was extended through 1997. By the end of 1997, the programme expenditures were \$1.48 million out of an approved amount of \$1.8 million.

12. In spite of many constraints, including political instability, the past programme did register some important achievements. UNFPA assistance contributed to the expansion and improvement, and the subsequent increase in the use, of family planning services at the national level by integrating MCH/FP services in 23 out of 35 existing primary health care facilities. It also helped to develop a national reproductive health policy and reproductive health standards and an in-service training curriculum for service providers. It trained a team of reproductive health trainers and managers at the central and district levels and carried out some research and surveys among adults and adolescents on reproductive health and abortion issues. In addition, some sensitization activities on reproductive health issues were conducted within the health facilities and through outreach activities in rural communities. Adolescent issues were addressed through the incorporation of family life education in four subjects in four secondary school grades.

13. The constraints encountered in executing the programme included the lack of trained nationals in population and data collection and insufficient awareness of population-gender-development interrelationships. To help alleviate these, the second country programme supported: (a) the training of nationals from different institutions; (b) the creation of a Centre for Demographic Studies within the National Directorate of Statistics to prepare the groundwork for a population policy and to carry out the necessary related studies; (c) the implementation of the activities of the National Population Commission; (d) the creation of a forum for women's non-governmental organizations (NGOs); and (e) the analysis of the 1991 population census. The modest impact achieved by these activities was, however, shown by the continuing lack of awareness among political leaders of the role of population in achieving sustainable development.

14. One of the lessons that emerged clearly from the past programme was the necessity of a multisectoral approach in addressing reproductive health issues and the need for a strong sensitization and IEC component that would promote behavioural change and create a demand for

reproductive health services. These sensitization activities need to be accompanied by an efficient gender component to address women's needs and rights. In addition, past experience underlined the importance of national ownership, which could be secured by the active involvement of national counterparts and by a coherent articulation of the population programme with other national priorities. Considering the limited capacity of the Ministry of Health, other innovative channels for the delivery of reproductive health services need to be explored, including encouraging other public sector agencies and the private health sector to assume their share in service expansion and increasing the involvement of national NGOs in these new initiatives. Finally, effective donor coordination was underlined as necessary to ensure harmonization of activities and to avoid duplication.

Other external assistance

15. Sao Tome and Principe receives, on a per capita basis, a relatively large amount of technical and financial assistance from multi- and bilateral donors, mainly UNDP, UNICEF, WHO, the European Union, the World Bank and France. However, very few are contributing to the area of population. UNICEF has provided support for school and maternal health programmes. UNDP, besides assisting the Government in preparing a national long-term prospective strategy and a medium-term plan for development, is implementing a poverty alleviation programme with a component targeting women as well as a programme to support and strengthen the management capacities of the country's development institutions. During the last few years, the World Bank has financed programmes in health and education. The European Union, through two international NGOs, has supported some interventions in health education and IEC activities in rural areas. Finally, France has supported health activities in two districts; national radio and television; and a micro-credit programme for rural populations, with a component directed to women.

Proposed programme

16. While the proposed UNFPA programme will cover the two thematic areas of reproductive health and population and development strategies, strong priority will be given to the former. This is justified by the magnitude of the reproductive health and gender problems in the country. The interventions in the area of population and development strategies will be designed to reinforce and secure greater impact for reproductive health activities through ensuring the coordination of population activities.

17. In implementing the proposed programme, UNFPA will assist the Government in promoting social mobilization among all population groups to encourage behavioural change relating to reproductive health, including a strong education and counseling component for adolescents and

encouragement of male responsibility and involvement. Within the same context, it will promote greater awareness of gender issues and foster improvements in the status of women.

18. Although the financial resources available for the proposed programme are relatively modest, it is thought that significant results can be achieved because all activities will be mutually reinforcing, principally related to activities in the area of reproductive health and to those gender issues that directly influence the reproductive health subprogramme. In addition, within the Saotomean context, the proposed activities are relatively inexpensive due to the limited numbers of persons needed to be trained in order to make an impact and the economies of scale available in a country where population is concentrated and distances are not great.

19. Reproductive health. The reproductive health subprogramme will provide support for ensuring the quality of and accessibility to reproductive health services. The subprogramme will give high priority to addressing the high fertility rate, the high incidence of abortion and the high level of STDs among adults and adolescents. It will also raise awareness of population issues and stimulate demand for existing reproductive health services, which has been low primarily due to social and cultural barriers. The objectives of the proposed programme will be to contribute to increasing the contraceptive prevalence rate from 15 to 25 per cent and the coverage of other reproductive health services (e.g., pre- and postnatal care, anti-tetanus vaccination, delivery assistance, treatment of STDs, post-partum and post-abortion counseling) by at least 30 per cent above present levels, and in decreasing the incidence of abortions and STDs.

20. To accomplish these objectives, the programme will assist in increasing the accessibility of reproductive health services by integrating those services in all existing primary health facilities, including the rehabilitation and equipping of some 12 dilapidated facilities. Moreover, the programme will assist in improving the quality of services to respond adequately to all population groups by upgrading the skills of existing and future primary health-care providers; providing support to the nursing school; standardizing reproductive health services by helping to establish norms, guidelines and referral systems; strengthening management capacities at district and central levels by providing training and technical assistance and developing necessary management tools; and, finally, through supporting some of the recurrent costs related to reproductive health services, including the provision of necessary contraceptives and essential supplies.

21. In order to create positive and responsible reproductive health behaviour among all population groups, the programme will provide assistance for the development and coordination of a national multisectoral IEC programme in support of reproductive health and gender. This will include building the capacity of government institutions and NGOs involved in the IEC programme; carrying out sociocultural studies on factors influencing reproductive behaviours and the use of reproductive health services; implementing activities through the mass media designed to promote

awareness and behavioural change among both men and women establishing post-abortion and post-partum counseling services within maternities; and extending outreach activities in communities. These latter activities will be limited to the capital, its surrounding area, and the main towns as a first priority.

22. To address adolescent needs, the programme will support the development of a multisectoral programme promoting responsible behaviour among adolescents through a peer-to-peer approach and the establishment of adolescent counseling centres and of selected youth-friendly health centres especially adapted to respond to adolescent needs. Moreover, to complement the above-mentioned strategies, the programme will support the institutionalization of population and family life education within the formal education system by incorporating them into the curricula at primary and pre-university levels and into teacher-training curricula.

23. To implement the programme activities in this area over the four-year period of the programme, it is estimated that the expansion and improvement of reproductive health services (including training, technical assistance, medical equipment, contraceptives and other supplies, and rehabilitation of health facilities) will cost about \$450,000; the IEC component (through mass media and outreach activities targeting women and men) about \$400,000; and the adolescent component, including the educational activities, about \$350,000.

24. Should multi-bilateral funds become available, some additional activities will be undertaken to enhance the impact of the reproductive health subprogramme, including: (a) pilot-testing the introduction of new contraceptive methods, such as sterilization and/or NORPLANT; (b) pilot-testing community-based distribution of selected contraceptive methods; (c) supporting the establishment of reproductive health services in agricultural and industrial enterprises and/or private clinics; and (d) extending outreach activities to rural and remote areas.

25. Population and development strategies. As mentioned earlier, interventions in the area of population and development strategies will be designed to support the reproductive health subprogramme, especially in enhancing the social status of women, which constitutes an important barrier to improvements in reproductive health overall. More specifically, the programme will address gender inequality and inequity, the limited availability and use of population and gender-sensitive data, the insufficient commitment of policy makers to population issues, the lack of population and gender-related policies or action plans, and, finally, the lack of qualified nationals in these areas.

26. The subprogramme's purposes include assisting the Government and national NGOs in efforts to enhance women's social status and rights and to create the necessary prerequisites for integrating population and gender issues into the national planning process. To do so, the programme

will strengthen and support national institutions charged with defining national population and gender action plans and policies, through the provision of technical assistance and the training of nationals as well as in advocating for these respective issues. Special emphasis will be given to the strengthening of the National Population Commission, which would play a key role in monitoring and coordinating the UNFPA-funded programme, as well as in the formulation of the national population and gender-related action plans. Moreover, the programme will contribute to enhancing the understanding of those factors influencing population and gender issues in Saotomean society, through supporting gender- and population-related research activities, supporting the improvement of the collection and analysis of reliable and gender-sensitive population data, and also in providing necessary technical assistance to prepare for the 2001 census.

27. Finally, to contribute to the enhancement of women's social status, the programme will support research studies on existing legislation on women and will carry out advocacy activities to foster higher commitment from policy makers to the advancement of women. Additionally, it will support gender-sensitization activities for women as well as men and will support activities to make women more aware of their legal rights.

28. To implement the subprogramme activities in the area of population and development strategies over the four-year period, it is estimated that the gender-related component (including sensitization, legal literacy, the training and strengthening of national NGOs and the women's cabinet, and technical assistance) will cost about \$150,000 and that the integration of population and gender variables into development plans (including the formulation of action plans and the preparation of the 2001 census) will require approximately \$150,000.

29. If multi-bilateral funds become available, some complementary activities will be conducted: (a) training of nationals in-country and abroad in preparation for the 2001 census; and (b) sensitization on gender issues and carrying out legal literacy activities in rural areas, thus reaching the totality of the population.

30. Implementation, coordination, monitoring and evaluation. To encourage national ownership, the proposed programme will be mainly executed by national counterparts, governmental and non-governmental institutions, with the required technical assistance being provided from external sources. However, considering the institutional constraints faced by the previous UNFPA programme, the Fund is helping the Government to take the necessary steps to create a facilitating environment for programme implementation.

31. The overall coordination of the proposed programme will be the responsibility of the Ministry of Foreign Affairs and Communities. However, the National Population Commission and the Ministry of Planning are expected to play a key role in ensuring effective coordination of

national efforts to formulate and implement national population plans. Although the UNFPA programme will start one year after the UNDP and UNICEF programmes, the proposed UNFPA programme will be for only four years so that harmonization will be ensured by the end of this cycle. Meanwhile, the programme will promote closer coordination with other donors in order to achieve a more efficient and effective use of the human and financial resources that are available. The proposed programme will also foster South-South collaboration, in the first place with other Portuguese-speaking African countries and, secondly, with the UNFPA-supported programme in Brazil.

32. Monitoring and evaluation will be carried out in accordance with UNFPA guidelines, including annual project reports and review meetings with the managers and executing agencies of related projects. In addition, under the leadership of the Ministry of Foreign Affairs and Communities and the National Population Commission, all managers of UNFPA-funded projects will constitute a country programme senior management team, which will meet every trimester to review workplans, evaluate progress and coordinate future plans. A mid-term review will be scheduled by late 1999 to coincide with the mid-term reviews of the UNDP and UNICEF programmes. The programme will receive technical assistance and monitoring from the UNFPA Country Support Team in Harare, Zimbabwe, UNFPA headquarters and other competent bodies.

Recommendation

33. The Executive Director recommends that the Executive Board approve the programme of assistance for Sao Tome and Principe as presented, in the amount of \$2.1 million over the period 1998-2001, of which \$1.6 million would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$500,000 would be sought from multi-bilateral sources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.
